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Case Study

AYURVEDIC MANAGEMENT OF *ASRGDHARA*

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ABSTRACT

Asrgdhara is a condition of '*Raja pradeerana',* that is excessive flow of *Raja* or *Arthava.* One who follows the *Nidana sevana* like *Lavana, Amla, Guru aharas, Snigdha aharas, Adhyashana,* h/o *Garbha pata* etc. can result in *Asrgdhara.* This can be corelated to abnormal uterine bleeding. Present case study is about a patient with heavy menstrual bleeding with dysmenorrhea and passage of clots after attaining menstruation following her delivery and irregular cycles since menarche. In modern she was suggested for hysterectomy since her family is completed but patient denied. Here, after taking a detailed menstrual and personal history, the *Doshas* involved were analysed as *Vata* and *Kapha*. Since *Asrgdhara* is a *Basti Sadhya vyadhi* and following the *Samanya chikitsa*, the treatment plan was done. Treatment plan included *Picha basti* and required internal medications. Patient had significant symptomatic relief with gradual reduction in clots to no clots, reduced dysmenorrhea and also the cycles became regular within 3 months of intervention. This case is a perfect example for conditions where even after suggesting surgical management, how Ayurveda helps in leading a healthy life by bringing the condition under complete control.

INTRODUCTION

'Raja pradheeryate yasmat pradarasthena sa smrtha' [1], the condition of excessive flow of *Raja* or *Arthava* is termed as *Asrgdhara* or *Pradara*. It can be caused due to many factors, *Acharya charaka* has mentioned the *Nidanas[2]* in detail (mainly *Aharaja nidanas*) i.e., women who indulges in excessive intake of *Lavana amla guru katu vidahi snigdha aharas, Gramya oudaka mamsa, Krshara, Payasa, Dadhi* etc will result in increase in amount of *Dushitha rakta* and it enters the *Garbhashayagata siras* by the involvement of *Prakupita vayu*. Once it enters it will increase the amount of *Arthava* (due to *Rasabhava* of *Arthava*) and is excreted out through vagina, hence results in *Asrgdhara.*

Apart from *Aharaja nidanas*, some *Viharaja nidanas* are told by *Madhava nidana, Bhavaprakasha* and *Yogaratnakara*. This includes *Garbha pata, atimaithuna, Ati yanavahana, Atibharavahana, Abhighataja* and *Divaswapna.* These *Aharaja* and *Viharaja nidanas* are inevitable in this present era due to change in lifestyle and food habits.

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Based on *Doshas* involved *Asrgdhara is* divided into[3]

Charaka, M.N, B.P, Y.R: 4 types– *Vataja, Pittaja, Kaphaja, Sannipataja*

Susruta: Not mentioned as types but mentioned it can be treated based on *Doshas* involved.

Vagbhata 1:3 types – *Vataja, Pittaja, Kaphaja*

Acharyas have considered *Asrgdhara* as *a Rakta pradoshaja vyadhi* and the *Dosha* involved as *Pitta avrutha Apana vayu*.

Chikitsa method is adopted based on the *Dosha* involved and with *Raktasthapana* as mode of action. *Acharyas* have also mentioned to follow, *Raktapitta chikitsa, Rakta atisara chikitsa* etc.

In modern, it can be corelated to abnormal uterine bleeding (AUB). Any uterine bleeding which is found to be outside the normal volume, duration, regularity or frequency is considered as AUB.

Causes of AUB includes under PALM-COEIN[4] classification. P -polyp, A- adenomyosis, L- leiomyoma, M- malignancy or hyperplasia, C- coagulopathy, O– ovulatory dysfunction, E– endometrial factors, I– Iatrogenic, N– not yet identified. The pathology varieties depends on the cause involved.

The patterns of AUB are:

Menorrhagia– Excessive bleeding in amount or duration with regular cycles.

Polymenorrhea– Cyclic bleeding with duration less than 21 days.

Metrorrhagia– Irregular, acyclic bleeding

Oligomenorrhea– Bleeding occurs with a duration of more than 35 days.

Hypomenorrhea– Unduly scanty bleeding for less than 2 days.

The treatment options include: General correction of anemia or any other abnormalities, medical management with hormonal and non-hormonal medications, surgical correction by uterine curettage, endometrial ablation, hysterectomy.

Case Study

A 41-year-old female patient came to the OPD of Prasutitantra Streeroga department, Muniyal Institute of Ayurveda Medical Science, Manipal, in the month of October 2024 with complaints of heavy bleeding with clots and irregular cycles since 15 years (cycles after the delivery).

History of present illness

Patient had attained menarche at the age of 13 years but had only induced cycles during the initial few years. Later on, doing USG, she was diagnosed with PCOD and took treatment for the same. Her cycles started appearing naturally but was irregular with a gap of 2-3 months occasionally. Now, after her delivery in the year 2009, she started complaining of heavy and prolonged menstrual bleeding lasting upto 28-30 days with clots and dysmenorrhea. The bleeding stops only after taking hemostatic medications.

Patient is a k/c/o hypothyroidism since 15 years and is under thyronorm 25mcg 1OD, K/C/O overt diabetes after delivery and is under glycomet 1gm 1bd, diamicron 1OD, Jalra DP 10mg 1 OD, k/c/o anemia and requires iron infusion occasionally since 2 years.

History of past illness

H/O PCOD and induced cycles after menarche

H/O D and C done twice for AUB in the year 2016

H/O Mirena insertion twice– last inserted on 2023- absent in the present scan on USG October 2024.

Personal History

Diet -vegetarian– sweets, curd, pickles regularly, *Abhishyandi aharas* at night.

Appetite – Good

Bowel – Regular

Sleep – Normal

Habit – *Divaswapna* +

Addictions - Nil

Menstrual history

LMP – 5/9/2024

P.LMP– 19/7/2024 (stops only after taking pause MF)

MC – 28-30 days/irregular

Arthava dushti – Vata kaphaja

Dysmenorrhea ++ clots ++ (*Mamsapeshiprabha*)

Bloating+ *Chirasravi* ++ (prolonged bleeding)

Ruja at *Kati vankshana prshta +*

Obstetric history

P1L1A1D0

A1 – at 23 weeks – NVD due to cervical incompetence

L1 – Female – 15 years – LSCS at 7 months due to PV leaking -2.4kg.

h/o cervical encirclage done on second conception.

Investigations

Haemogram on 4/10/2024

HB – 8.3 gm%

Rest parameters – WNL

FBS – 156mg/dl

HBA1C – 6.6%

Urine sugar ++

LFT, RFT, Lipid profile – WNL

Coagulation profile – WNL

USG on 3/10/2024– Bulky uterus with fibroid on posterior wall Intramural to submucosal 3.1*2.5cm

ET – 10.4mm

Few Nabothian cysts noted in the cervix. No linear echogenicity noted in endometrial cavity suggesting IUCD.

Ovaries– Simple cyst in both ovaries– left ovary- 3.2*2.5cm and right ovary – 2.8*1.7cm

General examination

Height – 166cm

Weight – 70kg

BMI – 28

Built – Slightly obese

Systemic Examination - Genitourinary system

P/S – cervix healthy, deviated to right side, small cervix

- Vagina healthy
- Bloodish discharge +, no active bleeding
- Grade 1 cystocele

P/V – Uterus anterverted, bulky

- Uterine tenderness – Absent
- CMT – Absent
- b/l fornices free

MATERIALS AND METHODS

Internal medications

Medicine	Remarks
Sukumara Kashaya	15ml BD with equal amount of water
Hinguvashtaka churna	1 tsp BD along with *Kashaya* b/f
Pushyanuga churna – 200gm + *Amalaki churna* – 100gm+ *Yashtimadhu churna* – 100gm + *Pravala Bhasma* – 20gm	1 tsp BD with honey
Lodhrasava	15ml thrice daily with equal amount of water
	Duration – 3 months
During heavy bleeding (only for next cycle)	
Chandrakala rasa *Panchavalkala Kashaya* Continue above *Churna* combination	2-2-2 30ml 4th hourly

External treatments

Treatment given	Duration
Abhyanga with *Ksheerabala taila*	7 days
Nadi swedana with *Dashamula kwatha*	7 days
Picha basti	3 days
Anuvasana basti with *Guggulutiktaka ghrtha*– 60ml added with 5 crushed tablets of *Chandrakala rasa*	5 days

Picha basti ingredients: *Madhu*– 150ml *Saindhava* – 5gm *Sneha– Jatyadi taila* 50ml + *Nalpamaradi taila*- 50ml *Kashaya – Shalmali niryasa*- 250gm *Kalka – Yashtimadhu churna* and *Amalaki churna* – 25gm each

RESULTS

After the treatment

Menstrual cycle	Amount	Clots	Duration
November	Normal flow	Absent	Prolonged for 20 days
December	Normal flow	Absent	7days

Patient has regular cycles further

DISCUSSION

In this case study, it can be taken as *Vata Kapha Pradhana Asrgdhara* based on analysis of menstrual flow and the treatment method adopted is of *Vata Kapha Hara* and *Rakthasthapana chikitsa*[5]. Considering the pattern of menstrual flow, it can be termed as menometrorrhagia due to leiomyoma in modern aspect. Since, no *Amalakshana* was seen, patient was directly allotted to *Panchakarma* treatment.

Basti is said to be beneficial in *Asrgdhara (Basti Sadhya Vyadhi)*[6]. Since this is a condition pertaining to *Apanavata* location, *Basti* is the best treatment of choice. Modified form of *Picha basti* mentioned in *Charaka Samhitha Chikitsasthana Atisara Chikitsa*[7], is adopted here.

Mode of action of *Picha basti*: *Sothahara, Vranaropaka, Rakthasthambhaka, Agnideepana, Sangrahi* and *Pitta Shamaka.*

Ingredients used in *Picha basti* have:

- ***Shalmali niryasa:*** *Laghu guna* pacifies *Guru guna* of *Kapha* thus reduces the amount of clots during bleeding and *Snigdha, Pichila guna* will pacify *Ruksha guna* of *Vata* thereby reduces dysmenorrhea and abdomen pain. It is *Seeta veerya*, *Sangrahi, Rakthasthambhaka, Arthavarodhi Karma* which will help in reducing excessive bleeding and act as hemostatic agent. Also, it has *Lekhana guna* which provides a scraping effect and thus reduces the increased endometrial thickness and size of fibroid.
- ***Jatyadi taila***[8]**:** Most of the drugs included have *Tikta Kashaya rasa* which has *Sthambhana* action, *Laghu ruksha guna* which pacifies *Kapha* and helps in reducing clots during heavy bleeding.
- ***Nalpamaradi taila:*** *Vatakapha hara* and *Pitta shamaka* and also being in *Taila* form given as *Basti* it helps in *Apanavata anulomana* thus reducing pain and at the same time pacifies prolonged and heavy bleeding as it is *Tridoshahara.*

- ***Amalaki churna*:** It has *Lavana varjitha pancharasa, Tridoshahara, Seeta veerya* and *Shonithasthapana* thus helps in reducing heavy and prolonged bleeding.
- ***Yashtimadhu churna:*** Pacifies *Vata, Balya, Rakthaprasadaka*
- ***Madhu:*** *Kapha hara*, effective in *Raktapitta* or bleeding disorders, *Sandhana* and *Ropana* thus has anti-inflammatory action also.
- ***Saindhava:*** *Agnideepana, Pachaka, Seeta Virya, Tridoshahara.*

Anuvasana basti with *Guggulutiktaka Ghrtha*[9]*: Vata Kapha Hara, Arbuda Gulmahara, Tridosha Shamaka*– reduces size of fibroid and heavy bleeding.

Oral interventions

Pushyanuga churna [10]– Indicated in *Yoni dosha, Rajo doshas*, bleeding conditions.

Pravala Bhasma – Kashaya, Laghu, Ruksha guna helps in pacifying *Kapha,* it is *Seeta Virya, Pitta Shamaka* thereby reduces heavy bleeding.

Sukumara Kashaya– Indicated in *Yoni sula, Vata rogas* – provides relief in dysmenorrhea, flank pain– a suitable formulation for *Apanavata anulomana.*

Hinguvashtaka churna– Jataragni vivardhana, pacifies *Apana vata.*

Lodhrasava –Lodhra is the main ingredient which is *Tikta, Kashaya rasa* and *Seeta virya* which can provide a *Sthambhana* action thus reducing the bleeding.

Chandrakala rasa– mentioned in *Yogaratnakara*. The term *Chandrakala* itself suggest the cooling effect of the drug. The main ingredients like *Guduchi satva, Chandana, Usheera, Abhraka Bhasma, Tamra Bhasma* etc., provide *Seeta virya* and *Sthambhana guna* hence indicated in abnormal uterine bleeding.

Panchavalkala Kashaya– All 5 drugs have *Kashaya rasa* and *Sthambhana guna*, helps in arresting bleeding and also has anti-inflammatory properties.

CONCLUSION

Abnormal uterine bleeding of any pattern is increased in this present scenario due to change in life style of women. It is an area where Ayurveda can play a pivotal role by preventing the patient from moving for hysterectomy just by proper analysis of *Doshas* and *Dushyas* and giving apt treatment. In this case of *Asrgdhara*, which is due to *Vata Kaphaja Dosha Dushti*, a proper plan of treatment with *Basti* and oral medication have provided good symptomatic relief for the patient within 3 months of intervention. Medications for anemia and diabetes were also given for the patient along with treatment and is under follow up.

REFERENCES

1. Acharya JT, Ayurveda Deepika of Chakrapani dutta on Charaka Samhitha of Agnivesa, (Chikitsa sthana, yonivyapat chikitsa adhyaya). Chaukambha Krishnadas Academy, Varanasi, 2010, p-3465
2. Acharya JT, Ayurveda Deepika of chakrapani dutta on Charaka Samhitha of Agnivesa, (Chikitsasthana, yonivyapat chikitsa adhyaya). Varanasi, Chaukambha Krishnadas Academy, 2010, p-3464
3. Prof. P.V. Tiwari, Ayurvediya Prasuti-tantra evam Stri-roga (Part-2), chapter 2, 2nd edition, Varanasi, Chaukhamba Orientalia publication, 2000, p-178
4. Dutta D, Konar H. DC Dutta's Text Book of Gynecology. 6th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2013. p.155
5. Acharya JT, Ayurveda Deepika of Chakrapani Dutta on Charaka Samhitha of Agnivesa, (Chikitsasthana, Yonivyapat chikitsa adhyaya). Varanasi, Chaukambha Krishnadas Academy, 2010, p-3467
6. Prof. P.V. Tiwari, Ayurvediya Prasuti-tantra evam Stri-roga (Part-2), chapter 2,2nd edition Varanasi, Chaukhamba Orientalia publication, 2000, p-196
7. Acharya JT, Ayurveda Deepika of Chakrapani dutta on Charaka Samhitha of Agnivesa, (Chikitsasthana, Atisara chikitsa adhyaya). Varanasi, Chaukambha Krishnadas Academy, 2010, p-3060
8. Kavirajshri govinda das sen, Bhaishajya ratnavali, B.R. Ambikadatha shastri (edited), Varanasi, Chaukambha surabharathi prakashana, 2010, 47: 824
9. Bhishagacharya Hari sadashiva sastri P, editor, commentary Sarvanga sundari of Arunadatta and Ayurveda Rasayana of hemadri on Ashtanga hridaya of Vagbhata, (Chikitsasthana, Vatavyadhi chikitsa), Varanasi: Chaukambha Sanskrit Sansthan, 2016, p-726
10. Acharya JT, Ayurveda Deepika of chakrapani dutta on Charaka Samhitha of Agnivesa, (Chikitsasthana, Yonivyapat chikitsa adhyaya). Varanasi, Chaukambha Krishnadas Academy, 2010, p-3473

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